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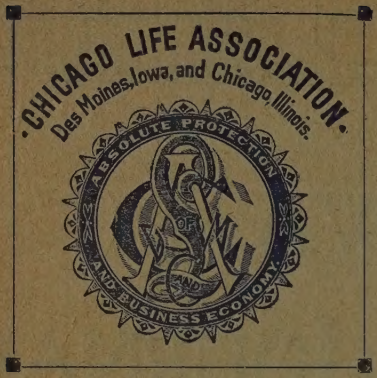

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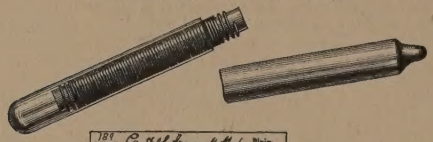

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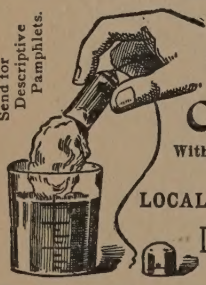

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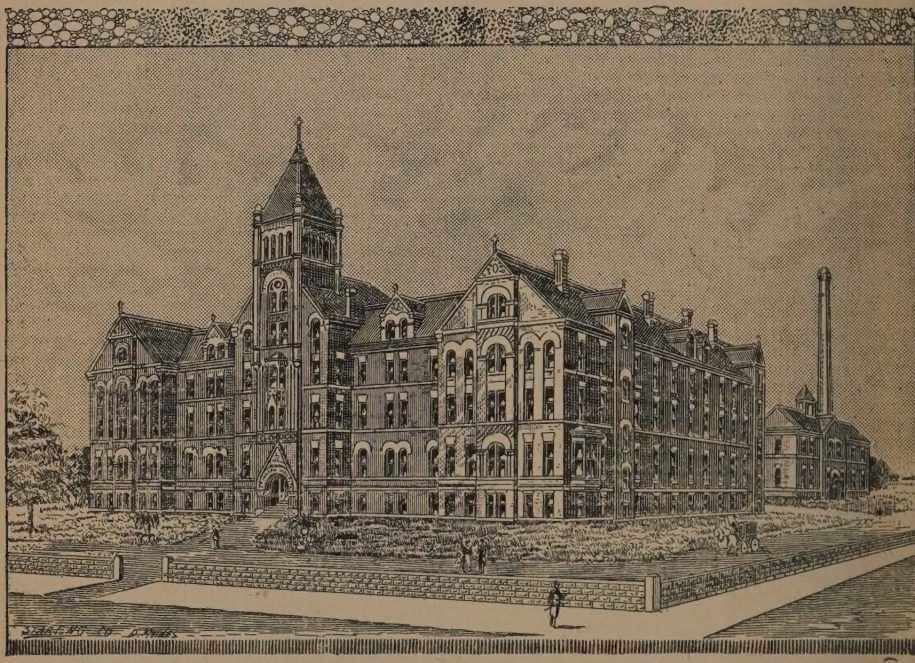

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IOWA MEDICAL JOURNAL.

VOL. III. JANUARY, 1897. No. 1.

MEDICINE.

UNDER THE CHARGE OF
L. W. LITTIG, A. M., M. D., M. R. C. S.,
Professor Theory and Practice of Medicine, Iowa State University, Iowa City, Iowa.
AND G. A. SMITH, M. D., *Clinton, Iowa.*
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ANTISEPTIC TREATMENT OF TYPHOID FEVER.*

By J. P. Claybaugh, M. D., Creston, Iowa.

IN THE treatment of a disease so universal as typhoid fever, a fever that has its victims in the hovel as well as in the palaces of the rich — a fever that claims its prey from the sea shore to the tops of the mountains — any method of treatment that will promise more than the old expectant plan, is worthy of our consideration. The art of medicine is progressive, and from year to year are we not to keep pace with the advancement of medical science? The medicine of yesterday is not the medicine of to-day, and that of to-day will to-morrow represent the dead past.

Medical history shows that the approved methods for the treatment of typhoid have from time to time been subject to various changes — a fact at once indicative of misapprehension if not of ignorance of the nature and lesions of the affection, or their rational indications for treatment. Anciently it was held that the FEVER was the disease, and this led the older physicians to bleed and to give tartar emetic, veratrum, aconite, etc., in order to reduce the frequency of the pulse, and as they expressed it, "to break the fever." When the patient had sufficient vitality to survive the treatment they frequently achieved the object in view.

Later, the disciples of Hahnemann, possibly appreciating more fully the fact that typhoid is essentially an asthenic condition,

*Read before the Red Oak meeting of the Southwestern Iowa Medical Association.

wisely rejected the depletive methods of treatment, but at the same time fell into error by going to the other extreme. However, they obtained better results by almost no treatment than did those practitioners who obviously lessened physical strength and vitality in constitutions already greatly weakened by debilitating disease.

Modern research in pathology has led to a better knowledge of the pathological conditions of this disorder and its effects upon the various tisues of the economy ; and has also opened up the way to more rational, and consequently more successful treatment. At the same time our modern materia medica furnishes more efficient means for combatting diseases.

We are now convinced of the existence of a special typhoid poison which results from an invasion of the alimentary canal, by the bacillus typhosis and occasions inflammations of the lymphatic glands, of the intestines and mesentery, and induces a catarrhal inflammation of the mucous coats of the intestines. We believe further that the general symptoms, including fever, do not result so much from the localized inflammation and ulceration as from the deleterious action of the toxic element which is produced in the system by the infection, and absorbed in the course of the inflammation. This absoption of typhoid poison produces pyrexia and hebetude of mind — disturbs the equilibrium of the heat regulating centers. It augments tissue waste and inhibits tissue repair.

The successful treatment of typhoid fever is neither the heroic method already mentioned nor the do-nothing plan of the other extremist. It is to be admitted that we can command no definite specific for the disease, but there is nevertheless a proper and rational course to pursue. A mild, direct plan of treatment which permits of non-irritating antiseptics, safe and reliable antipyretics, proper tonic agents and such remedies of known value as may be indicated by prevailing tendencies, appears to me to be a rational method, and one that experience has shown to be successful. That typhoid fever can be aborted has been questioned by all, but in the last two years Doctor Woodbridge, of Youngstown, Ohio, has made the assertion and reiterated it repeatedly, not only at local societies but at the meetings of the American Medical Association, that it can be. He says he has not lost a case in thirteen years by his method. Doctor Woodbridge has had remarka-

ble results. I have used his treatment some, and propose to still further investigate it; for I consider it worthy of the consideration of the entire profession.

I can recall numerous cases which presented nearly all the typical symptoms of typhoid fever, to-wit: the progressive rise of temperature with morning lapses, the diarrhœa, the tenderness and gurgling in iliac region, the coated tongue, and hebetude of mind, which, under rational antiseptic treatment, recovered in a few days; still it was not absolutely certain that these were cases of typhoid fever, but it would be difficult to prove they were not.

If a patient is seen early in the disease I usually prescribe five to ten grains of calomel and then a prescription similar to the following: Sulpho carbolate zinc, 1 grain; bis. sub. nitrate, 5 grains; — to be repeated every three hours. If diarrhœa is troublesome the following powder may be employed: Salol, 2½ grains; bis. sub. nitrate, 5 grains; pulverized Dovers, 2 grains every two or three hours. The value of cold bathing or douching in typhoid is now well established. The body should be well bathed in cold water two or three times a day till the fever subsides. Cold bathing not only reduces the temperature, but also vitalizes the nerve centers and promotes rest and comfort.

For tympanites we have two good remedies: Turpentine and flushing the colon with tepid water. Thirst may be relieved by small but frequent draughts of pure cold water and by small pieces of ice slowly dissolved in the mouth.

Diet in typhoid fever is very important. It should consist mainly of milk administered at *regular* intervals; an occasional egg-nogg may be given. In those few cases where milk does not agree it should nevertheless be tried with equal parts of lime water. Stimulants, when indicated, should consist of brandy, three or four ounces per day. Stimulants are generally indicated by weak pulse and great prostration.

In convalesence the diet should consist of beef broiled, baked potatoes and bread. Now is the time for tonics. The ideal tonic at this stage is strychnia, 1-40 to 1-20 grain. In the management of convalescents care should be exercised in the transition from a liquid to a solid food diet, as a relapse might prove disastrous.

RAILWAY SURGERY.

UNDER THE CHARGE OF
D. S. FAIRCHILD, M. D., *Clinton, Iowa,*
AND DONALD MACRAE, JR., M. D., *Council Bluffs, Iowa.*

DISLOCATION OF THE CLAVICLE.

By J. W. Holland, M. D., Osceola, Iowa.

I DO not bring this subject before you to-day to advance any new theories, but if possible to receive some. I have had occasion to regret the scarcity of literature on the subject in our text-books, or anywhere else, that I could find. 'Tis true the accident happens less frequently than luxations of other joints, but then it *does* happen, and when it does it as likely to be of as great consequence to the surgeon, at least, as other and more described injuries. It is hard to get the average lay man to understand the nature of the joints, and the difficulty of securing results as satisfactory as in other dislocations. Hence the trouble, and when trouble occurs the surgeon on turning to his books for the authority for his course in the case, finds but little to support him when pressed for damages, when his treatment has been all that could have been done. I shall not, of course, take up the nature of the articulations, as they are too well understood, but proceed at once to narrate two cases which came under my notice.

The first was a double dislocation, or dislocation of both ends of right clavicle. The subject, a worthless character living in an adjoining town, was riding a horse rapidly along the highway when the horse, stepping in a hole, turned a somersault with the rider. On unraveling the tangle the rider was found to be insensible, and the doctors in town refusing to have anything to do with the case, the township trustees called in the county physician, who found the injury above mentioned. Calling in another doctor to his assistance he reduced the dislocations and dressed the arm with figure of 8 bandage.

The next day the bone was out. I should have said the sternal end was thrown forward on the manubrium and the other upon

*Read at the Marshalltown meeting of the Iowa State Association of Railway Surgeons.

the acromion. After applying numerous dressings, extending over a period of six weeks, the patient refused further treatment and got well with the bone displaced as at first. He brought suit, against the doctor for $10,000, and after a hotly contested suit lasting a week, the jury brought in a verdict for the defendant on the ground of *contributory negligence!!* thus saving him from being molested in damages but not removing the stain of a charge of malpractice. This was the first case of double dislocation of the bone I had ever seen, and indeed none of the physicians on the trial of the case had ever seen one, and we had surgeons of large experience, among them two professors from a medical college in Des Moines.

The second case occurred in my own practice last June. The conductor of a ditching train on the road with which I was connected, while making a coupling was struck by a large iron bound trap door at the end of one of the cars, which came loose from its fastening by the force of the contact of the bumpers. The blow was received on the point of left shoulder. He was immediately brought to his home in the town where I live and I saw him six or eight hours after receipt of injury. He complained of great pain in moving his head and left side. After a great deal of trouble (he refusing an anæsthetic), I made out a dislocation upwards above sternum of sternal end of clavicle. Having in mind the other case mentioned I told him I would probably not be able to keep the bone in place, but he would not be crippled, anyway. I reduced the dislocation in the ordinary way and applied a pad held in place by adhesive strips over the end of the bone, and fixed the shoulders by Velpeau's bandage and enjoined perfect rest in bed, on the back. The weather was intolerably hot and he would not lie in bed. On examining three days afterward the bone was found out of position. I applied the same dressing with more care, if possible, and with the same result. The heat and pressure of the pad and the bandages made the patient restless and impatient, so I sewed up a piece of muslin in the form of a tube and the length of the clavicle and filled it with sand, laid it on the whole length of the clavicle and fixed it by strips of adhesive plaster, and dressed the shoulders as before. This kept the bone in place while he kept absolutely quiet, but tiring of restraint he, too, concluded to

leave the thing to *vis naturæ medicatrix.* He is now at work again, but claiming of the road damages on account of a permanent disability. It is somewhat surprising to me to note how little disability a misplaced clavicle produces. One would think that it plays an important part in adding to the strength of the shoulder. Yet in both of these cases the patients do any work they ever did with the same ease as formerly.

The first one has been a brakeman on a freight train since, and on seeing him climb a ladder, or set a brake, would never know he had been injured. So, in view of the little injury done to the patient by the deformity, and in view of the liability of having a malpractice suit on our hands if we try and fail, as we surely shall, I am convinced the best way to do in these cases is to let them alone.

We were asked on the trial of the case in court if we would acknowledge, or were ready to acknowledge, in the present advanced stage of surgery, that there was a simple dislocation which could not be remedied. For my part I was ready to so acknowledge, unless I could have the patient lay supinely on his back without one movement for a period of eight to twelve weeks, a procedure entirely and obviously impracticable. Why Dame Nature, ordinarily so perfect in her works, should leave this weak spot in man's structure, I am unable to say. I am in hopes something will be elicited from what is here said that will aid in treatment of future cases, or form some backing for a surgeon who has failed to improve on nature's work. There are always doctors in every community whose acquirements do not enable them to tell the difference between tonsilitis and hemorrhoids, yet whose words to the average jury and the people go as far as a Senn or Murphy. These men are always ready to give their views and criticise a surgeon's work, and are capable only of making trouble. I have been a working member of medical societies a great part of my professiona life, and I do not remember of ever hearing the subject of dislocation of clavicle brought up in a meeting, and I hope to hear the subject discussed fully by this representative body of Iowa surgeons.

SURGERY.

UNDER THE CHARGE OF
LEWIS SCHOOLER, M. D., LL. D.,
Professor Surgery Iowa College Physicians and Surgeons, Des Moines, Iowa.

ECTOPIC GESTATION.*

By E. H. King, M. D., Muscatine, Iowa.

THE busy practitioner is apt to take but little interest in rare cases. They are regarded as clinical curiosities which occur but once, if at all, in a professional life time, are of but little practical value, and are not worthy of extended study, or of even careful examination.

The subject of ectopic gestation will, doubtless, be regarded as belonging to the same category, seldom or never liable to occur in the general routine of practice; yet, within the last ten years, two authentic cases have occurred in my experience. The first, under the care of a brother physician, but recognized only at the autopsy, which I conducted. The second recently occurred in my own practice, was diagnosed before death occurred, which diagnosis was materially aided by the knowledge gained in the previous case. I can also recall several cases, some ending in recovery, some in death, which have come under observation during my professional career, which I now firmly believe to have been of the same character.

It is not my purpose to attempt an elaborate treatise upon this subject. My object in preparing this paper, is to emphasize that which I believe to be a fact, viz., that extra uterine-pregnancy, occurs in general practice much oftener than is supposed, or recognized.

That the fecundating spermatozoa migrates beyond the uterine limits, and impregnates the ovum wherever found, is the reason why ectopic gestation may occur. The condition has been studied long ago, for Velpeau wrote exhaustively upon the subject in 1836, which modern investigators have confirmed or added to in detail.

Ectopic gestation may be simply defined, "As the development of an impregnated ovule, outside of the lining membrane of the

*Read before the Eastern Iowa Medical Society at Columbus Junction, Iowa, November 12, 1896.

uterus," to which authors have given names to some ten or twelve varieties, according to location, but Thomas simplifies by making only three: Interstitial, tubal and abdominal — which is sufficient for all practical purposes.

The causes assigned, which bring about this abnormal pregnancy, are numerous, but are mostly suppositions, and may be briefly formulated as anything which prevents the complete passage of the fecundated ovum into the uterus.

Inasmuch as the Fallopian tubes are lined with ciliated columnar epithelium, which favors an easy and proper transmission of the ovum, it follows as a pathological sequence, that if this peculiar epithelium be destroyed by any inflammatory action, the passage of the ovum must necessarily be hindered, and not infrequently completely prevented, and if we take into consideration how liable the tubes are to be involved in the frequent peri-uterine inflammations we meet, we can readily perceive how their lumen may become obstructed, a fecundated ovule be retained, and a tubal pregnancy result. If it finds lodgment within the uterine wall, interstitial, it may as it enlarges crowd its way into the uterine cavity. If at the fimbriated extremity, it will escape into the abdominal cavity. In either case the pregnancy may go on to full term.

The Fallopian tube, unlike the uterus, is not capable of great distension, and the growth and development of a retained embryo, thins its walls and an early rupture is the result.

There are said to be but three tissues to which the ovule will attach itself — the mucous membrane of the uterus and tubes, the lining membrane of a Graffian follicle and the peritoneum. Lawson Tait claims, "That in all probability, every extra-uterine pregnancy is of tubal origin, and that all subdivisions and varieties given by authors are due to adhesions or escape by rupture." Wherever the fecundated ovule finds a resting place, vascular connection is soon established, and the process of development begins. This development, *per se*, does not differ from a similar condition within the uterus.

Normal development of the embryo may not always take place, and as we occasionally meet with spurious uterine pregnancy, wherein tissue proliferation occurs, not in the form of a normal

fœtus, but as a monstrosity, or an amorphous mass, the so-called moles, so a similar extra-uterine condition may arise, as shown in the specimen I shall exhibit. Ely Van De Narker says, "That tubal moles, or blighted ovum have been noticed." "In some cases a decidua has been found. There are several cases of extra-uterine mole pregnancies on record."

On account of its abnormal situation, and development, and for other reasons already given, rupture of the sack, as a rule, occurs in tubal pregnancy before the end of the second month ; with rupture, more or less homorrhage takes place. If the nutrition of the embryo is not disturbed, development will continue on to full term, and the child be delivered by operation, or it dies and remains within the abdomen indefinitely. Such cases may occur without any great disturbance, the patient supposing her pregnancy to be normal until labor occurs and the true condition is learned. Leaving these cases which go to full term as not being necessary to illustrate the point I wish to make, I will only treat of those in which early rupture takes place.

The subjective signs of extra-uterine, additional to those common to normal pregnancy, as given by Thomas, are :

"1. A sanguineous flow of greater or less persistency.

"2. Occasional gushes of blood occurring without assignable cause, and disappearing without treatment.

"3. Iliac pain ; sometimes extending down the thigh.

"4. Paroxysmal pelvic pain.

"5. Symptoms of abortion, attended with expulsion of pieces of decidua, without the expulsion of a fœtus.

"6. Recurrent pelvic inflammations, suddenly developing.

"7. As the fourth month is reached, symptoms of pressure."

Among the objective symptoms, are :

Deviations, or displacement of uterus, which is not enlarged in proportion to the probable stage of pregnancy, the violet hue of the vaginal mucous membrane, and the detection of an extra uterine tumor.

When rupture occurs, sudden, sharp, often severe pain is felt, with shock and increased sensitiveness of the hypogastrium, followed by anæmia, according to the amount of hemorrhage, which may be so slight as not to be detected by any examination we may

be able to make, or so profuse as to fill and distend the abdomen and cause a fatal result.

Arbitrary names have been give to designate grades and forms of pelvic hemorrhage. If of small or medium amount, within the peritoneum, it is called a hematocele. If confined within the folds of the broad ligament, extra-peritoneal, it is hematoma. If it be of large amount, filling the pelvis or abdomen, it is free hemorrahge.

The source of pelvic hemorrhage, may be from a ruptured ovarian follicle, or from a diseased ovary, from the Fallopian tubes, and from the plexus of peri-uterine veins, often varicose and structurally weakened.

The query has occurred to me, from a study of these conditions, and to which I wish to call your special attention, is, do not the many forms of pelvic hemorrhage more frequently arise from extra-uterine pregnancies than is generally supposed? I will not dwell upon the many and apparent causes of hematocele, such as apoplectic hemorrhage from the ovaries, rupture of a vessel of the ovarian or pampiniform plexus, mechanical impediment to the escape of menstrual blood, interrupted or disturbed menstruation from any cause, or a hemorrhagic tendency induced by disease. Owing to the turgid condition of the uterus and adnexia during menstruation and pregnancy, it is evident that many causes may exist, both extrinsic and intrinsic, to produce hemorrhage here rather than in any other part of the system. But the question I propose is, what is the most frequent cause?

While I cannot agree with Vigues, "That every hematocele is caused by a tubal pregnancy," a theory also endorsed by Gallard, yet I am inclined to think it a very frequent cause, and I was surprised, when in looking up the literature of the subject, to find so many writers who advocated this theory.

Can a pelvic hemorrhage of any degree, caused by the rupture of a gestation sack, be diagnosed from that occasioned by any other cause? Confined to the rupture, and its accompanying symptoms alone, I do not think it can. In both we will have the pain, shock, tenderness, anæmia, and even speedily fatal results. It is only by considering the antecedent symptoms, that we can differentiate between the two conditions.

How should such be treated? If the hemorrhage is of small, or moderate amount, tentative measures alone should be employed, pain relieved and absolute rest and quietude enforced.

If the hemorrhage be profuse, as shown by physical signs, anæmia, and even collapse, shall we do more? Shall we open the abdomen and secure the bleeding vessels? Either we must do this before collapse occurs, or violate that prime rule of surgery, "Not to operate while the patient is in that condition."

Shall we wait for reaction? If the hemorrhage is still going on, it will never set in; but while we are striving with our futile efforts to spur up the flagging heart, its beats will become faster, weaker, fainter, the sighing breath of a weary life grow shallower, the luster of the eye dimmer, and the worn spirit forsake its earthly abode and wing its way out into the great unknown.

The mortality in entra-uterine pregnancies of all grades, is large. More than three-fourths of the cases end fatally.

The causes of death are, primarily, from hemorrhage; secondarily, from septicæmia. If the patient survives the shock of rupture and loss of blood, more or less peritonitis is quite sure to follow. If limited to the pelvis adhesions may form, absorption take place, and a fair recovery ensue, after a tedious, often protracted, invalidism. If general peritonitis ensue, especially if septic infection occurs, the prognosis is serious,— generally fatal. When shall the surgeon interfere?

Let me here present the two cases I have mentioned:

Case 1.— I was requested some ten years ago to make an autopsy of the body of a woman in middle life, who had died after a few days of sickness, with a history of sudden pain in the hypogastrium, with shock and followed by extreme tenderness all over the abdomen. I do not now recall the details of the history, but there had been some suspicion of pregnancy. A physician who had been called in consultation, diagnosed free abdominal hemorrhage, and remarked to the attending physician, "The cervix does not feel to the touch like that of pregnancy." The body was well nourished. The abdomen fully distended and dull under percussion. It was full of blood. A perfect fœtus, of about six to eight weeks period of development, was found free in the pelvis. A ruptured tube was the source of the hemorrhage.

The deductions made and conclusions arrived at by those present, were, "An early diagnosis and prompt operation ought to have saved this patient."

Case 2.— Mrs. A., aged 23, mother of two children, was seized with pelvic pain. Her menses had been irregular. Had been rather suspicious of pregnancy, but had had no definite symptoms. There was a slight sanguineous discharge, uterus a little enlarged and quite sensitive. The pain was sharp, paroxysmal and quite regular. I diagnoesd pregnancy, with threatened abortion. I watched the case and for several days she continued better and worse, flowing freely for one or two days, then almost ceasing. After waiting about ten days, without improvement, I gave an anæsthetic, and attempted to empty the uterus. The cervix was unyielding, and having no doctor with me, I failed to do as thorough work as I desired, but with a small curettee explored the uterine cavity but obtained nothing but a small mass resmebling placental tissues. For a while she seemed to improve, and was able to be up and about the house, but still had considerable pelvic tenderness with occasional paroxysms of pain. During the fourth week a fetid sangniueous discharge began, sometimes scantly, often profuse, the hypogastric tenderness increasing. I began to fear that I had not been thorough in my former operation, and that the uterus still contained a decomposing fœtus. I again anæsthetized, dilated the cervix, and freely curetted, irrigated, mopped with iodine and tamponed with iodoform gauze. I obtained as before, only a small amount of decidua-like tissue. Again she improved, but occasionally had a temporary bloody discharge. During the fifth week she was able to ride half a mile to her father-in-law's, where she was taken for better care. The next day, while walking across the room, she was seized with severe hypogastric pain, followed by shock, pinched and pallid features, and exquisite tenderness all over the lower abdomen.

The left side of the pelvis was filled with a soft mass. Within twelve hours the lower abdomen was dull under percussion and considerably distended. My diagnosis was hemorrhage from a ruptured gestation sack. Owing to several circumstances it was twenty hours after the onset of the final symptoms before I could operate. The patient was anæmic and very weak. The abdo-

men was full of blood. The hemorrhage was from the ruptured extremity of the left tube which contained this abnormally developed embryo, or tubal mole. (Specimen here exhibited.)

Our failures are frequent. We experience regret, but it is all at our patient's expense. Happily we may gain wisdom therefrom for some future patient's profit. My diagnosis was tardy. My operation too late. My patient never regained a pulse; she had already bled to death within her own abdomen.

From the foregoing premises we make deductions from which to draw the following conclusions:

1. Ectopic gestation is of much more frequent occurrence than is generally supposed or recognized.

2. Hematoma, hematocele and free pelvic hemorrhage is quite often caused by rupture of the gestation sack of an unrecognized extra-uterine pregnancy.

3. In cases of moderate degree tentative measures only should be employed, surgical interference being reserved for those cases in which septic, or other secondary symptoms, develop.

4. In severe cases wherein the hemorrhage threatens to become serious, an early diagnosis and prompt operation is essential to success.

5. If collapse has taken place, transfusion of blood or saline fluid should precede an operation.

Doctor—"Just place this thermometer under your tongue, Mrs. Peque, and keep your lips closed tightly."

Mr. Henry Peque (after a few minutes of speechless delight)—"What will you take for that instrument, Doc?"—*Puck.*

Mrs. Walker—"I don't see why the doctors all recommend bicycle riding. If it makes people healthier it is a loss to the doctors."

Mr. Walker—"I suppose the doctors figure that one healthy rider will disable at least five pedestrians per week."—*Puck.*

A BILL

For An Act to Repeal Chapter 104, Acts of the Twenty-first General Assembly, and Chapter Sixty-six, of the Acts of the Twenty-second General Assembly and Provide a Substitute Therefor, Regulating the Practice of Medicine.

Be It Enacted by the General Assembly of the State of Iowa:

SECTION 1. The State Board of Medical Examiners shall consist of the physicians of the State Board of Health, and the Secretary of the Board of Health shall be secretary thereof. It shall hold regular meetings in May and November and special ones as may be necessary, due notice thereof being given, at which it shall discharge the duties contemplated by this chapter.

All examinations shall be in writing, each candidate for examination in any school of medicine being given the same set of questions, covering anatomy, physiology, general chemistry, pathology, surgery and obstetrics. In materia medica, therapeutics, and the principles and practice of medicine, a set of questions shall be used corresponding to the school of medicine which the applicant desires to practice. The examination papers, when concluded, shall be marked upon the scale of one hundred, each candidate for examination first to pay to the secretary of the board a fee of twenty dollars therefor. The average required to pass shall be fixed by the board prior to the examination. Each applicant shall, upon obtaining an order for examination receive from the secretary a confidential number which he shall place upon his work when completed, so that the board in passing thereon shall not know by whom it was prepared. All matters connected therewith shall be filed with the secretary and preserved for five years as a part of the records of the board, during which time they shall be open to public inspection. If the examination is satisfactory to five members of the board, it shall issue its certificate under its seal signed by its president, secretary, and not less than four members, who may, in the absence of the others, act as an examining board, and the different schools of medicine represented in the Board of Health shall be represented in said number. The certificate, while in force shall confer upon the holder the right to practice medicine, surgery and obstetrics, and be conclusive evidence thereof.

Graduates from legally authorized medical schools, which in the opinion of the board were of good standing at the time the diplomas were issued, holding genuine diplomas therefrom, upon presentation of the same accompanied by a fee of five dollars, and such proof as may be required, touching the genuineness and ownership of the diploma and the character and standing of the school issuing it, shall be by the board granted certificates, signed as above provided, conferring the right to practice as under certificates issued upon examination.

Provided, that from and after January 1, 1899, all persons beginning the practice of medicine in the state of Iowa must submit to an examination as set forth in this section, and in addition thereto, shall present diplomas from medical colleges recognized as in good standing by the State Board of Medical Examiners, and all persons receiving their diplomas subsequent to January 1, 1899, shall present evidence of having attended four full courses of study of not less than twenty-six weeks each, no two of which shall have been given in any one year.

In all examinations made, or proceedings had, pursuant to the provisions of this chapter, any member of the board or its secretary may administer oaths and take testimony in any manner authorized by law. Anyone failing in his examination shall be entited to a second one, within three months thereafter, without further fee. If any person shall by notice in writing apply to the secretary of the board for an examination or a re-examination and it fails or neglects for three months thereafter to give him the same, he may, notwithstanding any provision of this chapter, practice medicine until the next regular meeting of the board without the required certificate.

SEC. 2. Every certificate issued under this chapter shall show whether it was granted upon examination or diploma. The holder shall, before engaging in the practice of medicine, file the same for record in the office of the recorder of the county in which he resides, who shall record it in a book provided for that purpose, which record shall be open to public inspection and for which service the recorder may charge a fee of fifty cents to be paid by the certificate holder. This same record must be made of the certificate in any county to which the holder may remove and in which he proposes to practice.

SEC. 3. The Board of Medical Examiners may refuse to grant a certificate to any person otherwise qualified, who has been convicted of a felony ; is incompetent, or is grossly immoral ; and for like causes, or habitual intoxication, or for removal from the state or upon satisfactory evidence by affidavit, or otherwise, that a certificate had been granted upon false and fraudulent statements as to graduation or length of practice, may revoke such certificate by an affirmative vote of at least five members of the board, which number shall include one or more members of the different schools of medicine represented in said board, nor shall the standing of a legally chartered medical college, from which a diploma may be presented, be questioned save by a like vote. After the revocation of a certificate the holder thereof shall not practice medicine, surgery, or obstetrics, in the state.

SEC. 4. Any person shall be held as practicing medicine, surgery, or obstetrics, or to be a physician within the meaning of this chapter, who shall publicly profess to be a physician, surgeon, or obstetrician, or assume the duties thereof, or who shall make a practice of prescribing, or of prescribing and furnishing medicine for the sick, or who shall publicly profess to cure or heal by any means whatsoever ; but it shall not be construed to prohibit gratuitous services in the case of emergency, nor to prevent the advertising, selling, or prescribing, natural mineral waters flowing from wells or springs, nor shall it apply to surgeons of the United States army or navy, nor of the marine hospital service, nor to physicians or midwives who have obtained from the Board of Examiners a certificate, permitting them to practice medicine, surgery, or obstetrics, without a diploma from medical schools or examination by the board, nor to filling prescriptions, nor the sale of patent or proprietary medicines by registered pharmacists.

SEC. 5. Any person who shall present to the board of medical examiners a fraudulent or false diploma, or one of which he is not the rightful owner, for the purpose of procuring a certificate as herein provided, or shall file or attempt to file with the recorder of any county in the state the certificate of another as his own, or who shall falsely personate any one to whom a certificate has been granted by such board, or shall practice medicine, surgery, or obstretrics, in the state, without having first obtained and filed for

record the certificate herein required, and who is not embraced in any of the exceptions contained in this chapter, or who continues to practice medicine, surgery, or obstetrics, after the revocation of his certificate, is guilty of a misdemeanor, and shall be fined in the sum of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment in the county jail not less than three months nor more than one year, or by both fine and imprisonment; and whoever shall file or attempt to file with the recorder of any county in the state the certificate of another, with the name of the party to whom it was granted or issued erased and the claimant's name inserted, or shall file or attempt to file with the Board of Medical Examiners any false or forged affidavit of identification, shall be guilty of forgery.

SEC. 6. Every physician practicing medicine, surgery, or obstetrics, or professing or attempting to treat, cure or heal diseases, ailments or injuries, by any medicine, appliance, manipulation or method, who goes from place to place, or from house to house; or by circulars, letters, or advertisements, solicits persons to meet him for consultation or professional treatment at places other than his office at the place of his residence, shall be considered an itinerant physician; and any such itinerant physician shall, in addition to the certificate elsewhere provided for in this chapter, procure from the State Board of Medical Examiners a license as an itinerant, for which he shall pay to the secretary of said board, for the use of said board, the sum of one hundred dollars per month.

Any person practicing medicine as an itinerant physician as herein defined without having procured such license shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than three hundred dollars nor more than five hundred dollars and costs, and shall be committed to the county jail until such fine is paid; *provided*, however, that nothing herein shall be construed to prevent any physician otherwise legally qualified from attending patients in any part of the state to whom he may be called in consultation with other physicians, but this act shall not be so construed as to permit a non-resident physician or surgeon, called in consultation in a special case, to engage in continuous practice or consultation in connection with any resident

physician or surgeon under any form of contract or agreement, direct or indirect.

The State Board of Medical Examiners may refuse to issue the license provided for in this section to any individual guilty of unprofessional conduct of a character likely to deceive or defraud the public, and it may after due notice and hearing revoke such license for like cause.

SEC. 7. It shall be the duty of the State Board of Medical Examiners to investigate all complaints of the disregarding and non-compliance with, and to file with the prosecuting attorney of the county from which the complaint comes all evidence in their possession of the violation of the provisions of this act.

SEC. 8. Each member of the board of examiners shall receive out of the fund created by the payment of fees by applicants for examination, certificates, or otherwise, the sum of ten dollars for each day and necessary expenses for the time he is actually engaged in the dischage of his duties as a member of the board, and the secretary such salary as the board may allow, not to exceed five dollars per day for the time he is actually engaged in his work as such officer, and his necessary expenses incurred for services which cannot be performed at the capitol. All printing, blanks, postage and other incidentals of the office shall be paid for out of this fund; and also all expenses of prosecutions not otherwise provided for. Any balance of said funds remaining shall be turned over to the state treasurer for the use of the school fund.

NEUROLOGY AND MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF

M. N. VOLDENG, M. D., *Des Moines, Iowa.*

PSEUDO-EXPERTISM.

Not long ago a prominent New York newspaper had the following to say on this subject:

"The evils of pseudo-expertism must be indeed far-reaching when the organs of the medical profession are called upon to

rebuke it. There is a prevailing lack of belief in experts nowadays among laymen, judges and juries. It is evident there must be a radical reform of some kind before the testimony of expert alienists in any given case can be accepted as always candid, honest and scientific. So long as a physician can pose as an expert if he thinks it profitable, so long as lawyers from either side may summon experts prejudiced in their favor by promise of payment for testimony in behalf of one side, just so long will expert opinions be received with incredulity, and perhaps with contempt and ridicule by the public and by juries. The medical profession owes it to itself to see that the law regarding the manner of selecting experts is changed and to repudiate all sham experts."

There can be no doubt but what the method now in vogue for obtaining medical experts and the extensive use of hypothetical questions in our courts is radically wrong. So long as medical experts can be hired for certain money conditions or be tempted by large retainers, the aim and purpose of expert testimony is almost certain of defeat and will continue to occupy the doubtful position it now does with judges, juries and the general public.

The strong influence of a large fee, or an ambition for that professional advertising and notoriety which appearance as an expert witness in an important case gives, are often stumbling blocks along the path leading to justice and honesty.

The present rule of procedure in our courts is by hypothetical questions, based upon facts claimed to be proven in the case. These questions are framed by the respective counsel of the parties to the suit, and are frequently based upon assumed facts or the most flimsy premises. Such a procedure makes the expert witness a willing tool in the hands of the counsel and places him at a disadvantage, all of which often leads to the confusion rather than the enlightenment of both judge and jury.

In the opinion of the writer examination by a commission of experts appointed by the court would obviate many of the difficulties now experienced. It is to be hoped that our legal brethren, before long, will formulate a system better answering the ends of justice than the one now practiced.

Should Insanity be Admitted as a Sufficient Cause for Divorce.—Ventra (Gaz. degli. Osp. e. d. clin.) warns against legislation allowing insanity as a cause of divorce, stating that improved methods of treating and caring for the insane are resulting in cures, even after all hope has been abandoned. Among 3,531 insane patients received at Nocera during the last thirteen years, he has forty cures of this kind to report, fourteen recovered during the fourth or fifth year after their insanity had developed, six during the sixth to seventh, six during the eighth or ninth, eight between the tenth and eleventh, three between the fourteenth and fifteenth, and three in the twentieth year. Of these twenty-one were female and nineteen were male patients, and the ages varied from twenty to fifty-four. In nineteen the disease was hereditary, but in none were there traces of degeneracy. The cure was spontaneous in thirteen; favored by work in sixteen; by injections of morphine in five; by follicular dysentery in one; by typhoid ileus or erysipelas in one; by chronic intestinal catarrh in two; by an operation of cataract in one, and the extract of cannabis indica in another. The forms of insanity in those recovering were chronic sensorial delirium in eighteen; primary paranoia in eight; lypemania in seven; mania in six, and hysteric frenzy in one case.

Occipital Neuralgia Due to Disease of the Coccyx.—Oscar S. Brown reports a case of severe occipital neuralgia of four months' standing, cured by excision of a diseased coccyx. The author states that sudden pressure over the coccyx caused no local discomfort, but was followed by sharp neuralgic pain in the occipital region. The operation for removal of the coccyx was done several years ago, and the patient had enjoyed complete relief since. —*Medical Council, September, 1896.*

OPHTHALMOLOGY AND OTOLOGY.

UNDER THE CHARGE OF
A. R. AMOS, M. D., *Des Moines, Iowa.*

CLINICAL NOTES.

At this season of the year the oculist becomes veritably the aurist. Exposure to cold winds and wet days brings in its dark train the active agents which produce inflammation of the upper air passages and accessory spaces. One of the more frequent complications is otitis; either a previously healthy organ of hearing invaded by acute inflammation, or an old quiescent, more or less disorganized middle ear, suddenly lighting into a fresh glow of cell infiltration and exfoliation. Among these cases are the ones of primary otitis media, occurring in children. Treatment here, if intelligently and thoroughly employed, is very satisfactory. Of the many cases of this class which have sought my help during the past two months, very few have failed to give evidence of an origin in post-nasal adenoids, complicated either by hypertrophic rhinitis or hypertrophy of the pharyngeal tonsils, or both. The treatment of such cases of otitis, to be efficient, must contemplate the thorough removal of all this adventitious growth. This is best accomplished with the patient under the influence of a general anæsthetic. Being then held upright in the arms of a nurse or attendant, the surgeon forcibly separates the jaws by means of a gag, which is held by the anæsthetizer, who still continues to administer the anæsthetic.

For myself, I prefer the forceps to other means for the removal of the adenoids. I therefore proceed as follows: Sitting in front of the patient, the throat is flooded with light from a reflecting mirror. If the pharyngeal tonsils are enlarged, they are removed with a tonsilotome. A moment is given for cessation of hemorrhage, the blood being removed by absorbent cotton, a part of which will, however, find its way into the stomach. Then the uvala is caught upon a broad flat rubber hook and drawn well forward, out of danger from the forceps. The forceps are then introduced and made to grasp firmly the projecting tumors, when by a rotary motion they are partly cut and partly torn from their

base. With some practice they may be readily located by the point of the forceps.

Bleeding again occurs, sometimes quite profusely, much of the blood necessarily finding its way to the stomach. As soon as this ceases the forceps should be again introduced and farther search made. The finger may now be used to make the exploration, and any additional masses thus located removed. Finally the mouth gag is withdrawn and all shreds scraped away with the finger. There would appear to be no danger of laryngeal clots with the patient in this position, the blood running naturally into the stomach, from where it is afterwards ejected by vomiting.

PROGRESS OF OPHTHALMOLOGY AND OTOLOGY.

Present Position of Radical Operations for Chronic Suppurative Otitis.

A. I. Simple chronic purulent inflammation limited to the cavity of the tympanum, with perforation in the membrana tensa.

II. The disease is limited as in I., but accompanied by formation of polypi, unconnected with bone disease.

III. In which removal of polypi or granulations from easily accessible parts of the tympanum or meatus reveals small patches of roughened bone.

Treatment: Unless tubercular, this group is amenable to simple methods, including curetting, if properly carried out.

B. IV. Attic suppuration with or without caries of the ossicles.

V. Cases originally belonging to one of the above four classes, in which adhesions between the ossicles, and ossicles and tymanpic wall, interfere with drainage or cause extreme deafness, tinnitus, or giddiness.

Treatment: In the majority of cases in this group, remove ossicles.

C. VI. Chronic suppuration in mastoid antrum.

VII. Cholesteotoma.

VIII. Caries of antrum or some part of tympanic wall, which, though inaccessible per meatum, can be removed by operation without risk to important structures.

Treatment: Stacke-Schwartze operation, which consists in uniting into one cavity of the mastoid antrum and the middle meatus.

D. IX. Caries or necrosis of petrous bone, which cannot be eradicated without destroying important structures or without risk of life.

Treatment: As exfoliation must take its own time, it is best to establish a permanent opening in mastoid.

E. X. Caries and hyperostosis or exostosis proceeding side by side.

Treatment: Operation by means of a dental burr. Jones raises the question as to whether the whole tympanic mucosa should be removed, and thinks that, except in cases of tubercle, cholesteotoma and extensive caries, it is better to preserve as much of the natural lining as possible, as perfect dryness is not a criterion of health in the middle ear any more than in the nose or mouth.

—*Cheatle in October Number of Archives of Otology.*

Heller, of Nurenberg, believes that all infectious diseases are caused by inhalation. The germs first become localized in the nares and the naso-pharynx, and from here gain entrance to the general system. Of this opinion, it has long been his practice to thoroughly cleanse the nasal passages in all cases of acute disease coming under his care.

What are the probabilities of the correctness of his views? From the standpoint of experimental bacteriology, it would appear improbable, since investigators have failed to demonstrate the presence of organisms in these regions. Indeed, the nasal passages are remarkably free from the contact of microbes, which is strange when we consider the readiness with which dust, bearing infectious material, may gain admission and a temporary domicile in these chambers. In the case of diphtheria we know that the micro-organism first gains a hold in the pharynx, at which point it rapidly increases and spreads its devastating products. But in this disease we are made aware of its presence by a well defined inflammatory process, which is usually the only principal evidence of violence to the tissues, while micro-organisms have been isolated possessing the power to reproduce the phenomena, and which are constantly present in the process. To assert that in typhoid fever an initial lesion occurs in the nose or naso-pharynx, from where the organism enters the general circulation through the lymphatics

and veins of these parts, leaves us without any direct or positive proof of the assertions, such as we have in diphtheria. In fact, since investigators and observers have failed to find evidence of such a lesion, which becomes so prominent in diphtheria, it would appear probable that such a lesion, even in a slight from, does not exist.

Bacteria must run the gauntlet of a severe test on their vitality in passing the digestive fluids of the stomach, but in the light of present evidence they appear to do this, more often finding their way there in the vehicle of a glass of water. In the case of the exanthemata it is somewhat different. There we often find lesions of the upper air tracts, although the bacterial cause of these lesions has not been discovered. The fact that micro-organisms do float in the atmosphere and must pass through these tracts to reach the interior of the body, and that these tracts and the accessory sinuses thereof furnish suitable domicile and conditions for bacterial life and growth, makes it easy to believe with Heller that the nasal chambers and the naso-pharynx are the first resting spots of bacteria, where they halt for recuperation and reinforcement, as they advance, an invading host to the promised land, but we must do so in the warmth of conviction rather than by cool calculation, based upon actual observation.

Dr. Wm. G. Gantril, of New York, sends us the following introductory abstracts:

(Author's Abstract.)

Contagious Impetigo: by William S. Gottheil, M. D. (Pediatrics, October, 1896). This is a self-limited contagious disease of children appearing in localized epidemics, and first described by Tilbury Fox in 1864. Accompanied by a moderate fever and some gastric disturbance; there appear on the face and hands groups of flat vesicles filled with transparent or cloudy serum. These dry up into characteristic golden-yellow crusts, which fall off in two or three weeks, leaving circular, reddened, non-ulcerated areas behind. Successive crops of vesicles may prolong the disease for two months or more. It is undoubtedly parasitic; but, though Kaposi claims to have found it, the etiological factor is

still unknown. The treatment consists in removal of the crusts with olive oil compresses, cleansing the skin with hot water and soap, boric acid solution, etc., followed by the use of Lassar's paste :

℞ Acid, salicylic.....30 grains
Petrolati..... 1 ounce
Zinci oxidi.....
Amyli..... ...½ ounce

Abstract of clinical lecture delivered at the New York School Clinical Medicine, November 25, 1896 :

A careful consideration and trial of the various methods of treating the Syphilodermata has led me to the following conclusions :

1. In the primary stage, when only the chancre is present, no general treatment ; calomel locally.

2. As soon as the secondary period sets in, as shown by the general adenopathy, angina, cephalalgia, and eruption, the internal treatment for mild cases should be ¼ to ¾ of a grain of the proto-iodide of mercury t. d., continued for three months, or until the symptoms disappear. In severer cases, with pustular eruptions, severe anginas, persistent headaches, etc., a course of 6 to 10 intramuscular injections of 10 per cent calomel-abolene suspension, 5 to 10 minims at intervals of five to fifteen days, should be employed.

3. After completion of the course and cessation of the symptoms, employ tonics, etc., without specific treatment for three months.

4. Thereupon a second calomel course as above, plus a small dose (15 grains) iodide of potassium in milk after meals. This to be given whether later secondary symptoms of the skin and mucosæ appear or not.

5. Second intermission of treatment, lasting from three to six months, according to the presence or absence of symptoms.

6. In the second year, if tertiary lesions marked by deeper and more localized ulceration are present, give the iodide of potassium in increasing doses (60 to 600 grains daily) as may be necessary. Combine with it occasional courses of calomel injections. If no lesions appear, give a mild course of both.

The best local treatment of the syphilodermata is with the mercurial plaster-mull.

(Author's Abstract.)

THE TREATMENT OF WARTY GROWTHS OF THE GENITALS.

William S. Gottheil, in a paper on "Epithelioma of the Penis," read before the Society for Medical Progress, November 14, 1896, concludes as follows (*International Journal of Surgery*, January, 1897):

1. Warty growths of the genitals, more especially in the male, are always to be suspected of malignancy, no matter how innocent they seem.

2. They should either be left entirely alone, or be thoroughly removed by knife or cautery.

3. Imperfect attempts at destruction, as with nitrate of silver, carbolic acid, etc., are especially to be avoided; there being many cases recorded in which they have apparently stimulated a benign growth into malignant action.

IODOFORM POISONING.

In the December number of your excellent magazine I read an article entitled, "An Unusual Result from Local Application of Iodoform," written by Dr. O. Fordyce, which interested me, as I have had a similar experience. I had used iodoform freely and indiscriminately, though I had been aware that it may cause a troublesome eczema, but had concluded that such reports were erroneous. I am now ready to corroborate all that has been said against its use, especially when there is any denuded surface.

Report of two cases:

I. Carl W, a brakeman, suffered contused wound, involving each finger, thumb, hand and wrist, while coupling cars. The wounded member was dressed, after mangled fingers had been removed, leaving little and ringer fingers with ball of thumb. Iodoform in pouches and gauze was used for dressing. The parts healed nicely by first intention, except stump of middle finger, which healed by granulation and was dressed each third day. During the third week one day I found the dressing completely saturated with a serous discharge, whole hand and arm swollen and red. I found a severe form of acute eczema rubra, that soon caused exfoliation of all epidermis of hand, wrist and forearm.

In a couple of days a papulous eczema developed on opposite hand and face. The recovery was speedy and complete.

Case II. Andrew O., farmer, was cut by barb wire while riding horseback, on anterior surface of leg, eight inches below knee, diagonall y six inches in length. As I was attending a pest patient at the time, another physician was called, who attended the case for two months. When I was again called to see the injury, I found there had been no attempt made to close the wound at any time, but iodoform had been freely sprinkled on sore once a day and absorbent cotton then placed over it. The leg and foot were swollen and a large patch of eczema all around the sore from four inches above to six inches below, small patches of eczema rubra on dorsum of foot and in popliteal space. Papulous eczema very abundant on face and fingers. This patient made an extremely slow recovery and even now, four months from date of injury, has a little sqaumous-eczema on leg.

In future shall use less harmful agents than iodoform for dressing of open sores. Will state that aristol was used for the first case with plain sterilized gauze and protoneuclein and plain gauze for second. A. C.

CORRESPONDENCE.

SANBORN, IOWA, January 16, 1897.

J. W. KIME, Des Moines, Iowa :

Dear Sir, — News in this part of the state is slim. The practice of medicine has been very easy here this winter, but few cases, and those mild. Of course the "chronics are always with us."

The wife of F. W. Cram, M. D., of Sheldon, was buried yesterday. Dr. Charles McAllister, of Spencer, Dr. W. H. Myers, of Sheldon, Dr. D. T. Stewart, of Hartley, Dr. R. A. Cushman, of Sanborn, Judge Scott M. Ladd and Wm. Boies acting as pall bearers. Several other physicians were present.

The cause of death was an operation done at the earnest request of Mrs. Cram to relieve the strain from years of suffering. The trouble proved to be an atrophied and elongated kidney whose capsules were hardened and bound down.

Doctor Cram has the heartfelt sympathy of all resident medical men and the entire community.

Fire destroyed all the household goods of Dr. F. E. Brau, at Primghar, last week.

Doctor Green, of Spencer, is still in Berlin, and is not expected home for several months.

Dr. E. F. Parker, of Sutherland, who was elected coroner last fall has just qualified, and is now prepared for "cases."

There are a goodly number of M. D.'s prospecting in northwestern Iowa for locations, but the field is oversupplied here, so they all pass on. It is a great pity that the "free and unlimited coinage" of doctors could not be stopped till demand overtakes the supply. M. D.

Dr. J. Fred Clarke, of Fairfield, is collecting statistics of exopthalmic goitre and is making a study of the desease. We ask the physicians of the state to report their cases to him. He writes us:

"FAIRFIELD, Iowa, January 28, 1897.

"*Dear Doctor:* From my experience in this small place (six cases in 5,000 people) I am led to believe that Graves' disease is a more common and a more easily curable disease than our medical books would lead us to infer. Being aware, however, of the mistaken judgments based on limited observation, and wishing to know the experience of others, it has occurred to me that statistics gathered from all over Iowa would be of value. If you will kindly allow me to tabulate your cases, I will see that they are published, with those of many others, in an available place, and that you have credit for them.

"I shall be under obligations to you and I shall hope for an opportunity to help you at some time.

"Very truly yours,

"J. FRED CLARKE."

The doctor desires answers to the following points:

ORDER OF APPEARANCE OF SYMPTOMS.			EXOPTHALMIC GOITRE.		
Eyes. One or Both.	Thyroid. Both lobes enlarged.	Heart Pulse.	Probable Etiology.	Treatment and time of treatment. Was rest used?	Result and Remarks.

IOWA MEDICAL JOURNAL

A MONTHLY JOURNAL
Devoted to the Interests of the Iowa Profession.

Subscription, $2.00 per year, in advance.

Address Communications to J. W. KIME, M. D., Des Moines, Iowa.

VOL. III. JANUARY, 1897. NO. 1.

The Proposed Medical Bill.

We reprint the proposed medical bill as it is at the present time. A representative meeting of the physicians of the state was held at the Savery House, Des Moines, January 14th. The bill was discussed and amended, and a committee, consisting of Dr. W. H. Dickinson, of the Homœpathic; Dr. E. D. Wiley, of the Eclectic, and Drs. F. J. Will, of Eagle Grove; J. T. Priestley and J. W. Kime, of Des Moines, were appointed to meet with the State Board of Medical Examiners and the Senate and House committees on public health on January 27th. The bill as finally submitted to the Senate and House committees appears in this issue. It has the indorsement of all the schools of medicine, of the Association of Iowa Physicians, and of the State Board of Medical Examiners.

It is now especially desirable to get a favorable report from the Senate and House committees. Such a report will almost insure the passage of the bill. The committee on public health is: Senate — Gorrell, of Jasper; Riggen, of Keokuk; Druet, of Marion; Cheshire, of Polk; Penrose, of Tama; Harriman, of Chickasaw; Mitchell, of Adams; Funk, of Dickinson; Downey, of Lee; Ranck, of Johnson; Palmer, of Washington. House — Bowen, of Allamakee; Davis, of Cass; Lauder, of Union; Prentis, of Ringgold; Brady, of O'Brien; Brighton, of Jefferson; Haugen, of Worth; Bell, of Washington; Weaver, of Louisa; McArthur, of Des Moines; Jackson, of Tama; Jay, of Carroll; Sullivan, of Clayton.

Every physician resident in the districts from which these members come should at once send letters to the members of the com-

mittee urging their support of the bill as it now stands. A little work now done by each in this way will accomplish much. In addition to this every physician in Iowa should write his senator and representative urging the passage of the bill without change from its present reading. In this connection we call attention to the masterly advice given by Grover Cleveland at a recent meeting of the Academy of Medicine in New York, an extract from which appears elsewhere in this issue.

County chairmen who have completed the canvass of their counties should return their lists to the congressional chairmen without delay. Congressional chairmen are requested to send all lists now in their hands to this office. These lists are very valuable now in reaching the members from the various counties. Prompt and energetic work now done all over the state will defeat the osteopaths and others who are seeking to gain a foothold in the state to prey upon the credulity of suffering humanity. Do not leave the work to some one else, but *do something yourself*.

The Hyde Park Sanitarium.

The Hyde Park Sanitarium, of Des Moines, has gone over to the osteopaths. This institution has had a checkered career. It started as a quack institution several years ago and has been manipulated more or less ever since by quackish methods. Recently the board of directors had a spurt of good intent and promised to take hold and build up a creditable house, but the osteopaths came into view with a few dollars in sight and their good resolutions soon melted away.

We give the inside of the deal for the benefit of the profession throughout the state.

There is at Des Moines an osteopath by the name of Hartupee. He is a disciple of Still, of Kirksville. He has signed a lease and contract of purchase of the sanitarium with one F. P. Miles, of West Liberty. Miles is a homœpath. Hartupee denies having any connection with the place *but he has signed all the papers*.

Miles so far has advertised a homœpathic institution, but no one will be deceived by the lion in the ass's skin.

An attempt will be made to work our homœpathic friends—they should beware it is simply a name to cover up what would otherwise be an illegal business in Iowa. If a true homœopathic hos-

pital is wished, the friends of that school can do no better than send to the Midland Hospital which is in the charge of some of the best men in the homœpathic school in Iowa, and they have no osteopathic department or other outlawed side issues. The same is true of the homœpathic hospital in connection with the medical department of the State University at Iowa City.

The homœpath may practice in Iowa, the osteopath can not. It is intended to let the mantle of homœpathy fall over the skulking form of osteopathy. How have the mighty fallen! Miles will find that the price of honor was far too low. He places himself outside the ranks of homœpathy, becomes a traitor to principle and sells his birthright for a mess of pottage, and the pottage will make him sick. Hartupee will prosper, for a time, unless the strong arm of the law arrests his swindling methods.

We predict an early demise of the unnatural union. An institution which starts as a "hole in the wall," whose first step is cowardly evasion of the statutes of the state, will find that the way of the transgressor is hard.

The dollars which come from fraud and deception will not be many and these will soon melt away.

STATE NEWS.

Preliminary Announcement of the Iowa State Medical Society, 1897:

My Dear Doctor: Our forty-sixth annual meeting will be held at Marshalltown, May 19-21, 1897, one month later than last year, and you are earnestly requested to be present and bring your medical friends.

Chairmen of sections: Surgery, Dr. R. W. Hill, Davenport; Nervous and Mental Diseases, Dr. E. R. Smith, Toledo; Theory and Practice, Dr. Geo. A. Smith, Clinton; State Medicine, Dr. F. S. Thomas, Council Bluffs; Obstretrics and Gynæcology, Dr. J. R. Guthrie, Dubuque; Ophthalmology and Otology, Dr. F. E. Sampson, Creston; Materia Medica and Therapeutics, Dr. H. A. Leipziger, Burlington.

Chairmen of committees: Finance, Dr. C. S. Chase, Waterloo; Trustees, Dr. Calvin Snook, Fairfield; Arrangements, Dr.

H. L. Getz, Marshalltown; Publication, Dr. H. B. Young, Burlington; Ethics, Dr. D. S. Fairchild, Clinton; Legislation, Dr. D. C. Brockman, Ottumwa.

All personal communications pertaining to sections or committees, should be addressed to its chairman. Program will be sent you about April 25, 1897.

The American Medical Association will meet June 1-5, 1897, at Philadelphia, Pennsylvania.

J. C. SCHRADER, *President*, Iowa City.
JAMES W. COKENOWER, *Secretary*, Des Moines.

Dr. F. W. Daubney is mayor of Decorah.

Dr. D. L. Young, of Dows, Iowa, has left Iowa for Ohio.

Dr. W. F. Cooper, of Chapin, Franklin county, was recently married.

Dr. W. B. Klintop has left Hampton and settled at Charles City, Iowa.

Dr. C. F. Mitchell, of Geneva, Franklin county, has located at Cedar Rapids.

An opening for a drug store. Address, Dr. D. D. Grossman, Minburn, Dallas county, Iowa.

Dr. F. A. Cogswell has moved from Iowa Falls, Franklin county, to Swaledale, Cerro Gordo county.

Dr. Jasen Roberts, of Osceola, is taking a months' general course in the Chicago Post-Graduate Medical School.

Dr. W. L. Grant moved from Swaledale, Cerro Gordo county, to Ft. Dodge, Iowa. He took a special course and now limits his practice to diseases of the eye and ear, nose and throat.

The many professional friends of Dr. P. J. Fullerton, of Waterloo, will regret to learn that Mrs. Fullerton died at her home in that city on January 19th.

In our last issue we made mention of the Keokuk Medical College in relation to litigation with the State Board of Medical Examiners. We should have said the College of Physicians and Surgeons of Keokuk, as the Keokuk Medical College has at no time had any difficulty with this board.

We have just had sent out our annual bills on subscription to THE JOURNAL, and have been much pleased at the prompt response

and many kind words of encouragement received, showing the hearty appreciation of THE JOURNAL on the part of the profession. We have still one favor to ask — that every physician consider himself a reporter of professional items from his section.

The Kossuth County Medical Society held its annual meeting at Algona Tuesday, January 12th. The members present were Drs. Garfield, McCoy, Stull, Morse and Kenefick, of Algona; Kenney, of Wesley; Paul, of Bancroft, and Peters, of Burt. A resolution was passed endorsing a proposed bill for higher medical education in Iowa. Officers for the ensuing year were elected as follows. Dr. Morse, president; Dr. Kenney, vice-president: Dr. Peters, secretary and treasurer. The next regular meeting will be held at Algona early in April.

On January 28th, the Bussey District Medical Society met at Durham. The following was its program: Paper, Dr. A. J. Nossaman, of Leighton, subject, "Carcinoma; Varieties and Treatment." Discussion opened by Dr. Powell, of Albia. Paper, Dr. C. W. Cornell, of Knoxville, subject, "Pneumonia." Discussion opened by Dr. Eschbach of Albia. Paper, Dr. H. W. Miser, of Lovilla, subject, "Hopes and Disappointments of Our Profession." Discussion opened by Dr. Finarty, of Knoxville. Dr. Eschbach, of Albia, writes us that this is one of the most interesting societies of which he is a member. Everybody takes his wife and the ladies enjoy a social meet while the doctors go through the program. All then enjoy a feast at the expense of the local brethern.

The Fifth Annual meeting of the Tri-State Medical Society of Iowa, Illinois and Missouri, will meet in St. Louis, April 6th, 7th and 8th, 1897. A large number of valuable papers will be read. Dr. Joseph Price, of Philadelphia, will hold the Surgical Clinic; Dr. James T. Whittaker, of Cincinnati, the Medical Clinic; and Dr. Dudley Reynolds, Ophthalmic Clinic. Dr. G. Frank Lydston, of Chicago, will entertain the members with an original story during one of the evening sessions. The officers are: A. H. Cordier, M. D., president, Rialto building, Kansas City; Hugh T. Patrick, M. D., first vice-president, Chicago; H. C. Eschbach, M. D., second vice-president, Albia, Iowa; G. W. Cale, M. D., secretary, 4403 Washington Boulevard, St. Louis; C. S.

Chase, M. D., treasurer, Waterloo, Iowa. The preliminary program will be published in next issue.

Dr. Philpott, formerly of Ottumwa, has removed to Des Moines and become general manager of agencies for the Fidelity Mutual Insurance Company of Philadelphia. His departure from Ottumwa was marked by one of those social and professional courtesies which are always pleasant to remember. The staff of Hawkeye Hospital presented the Doctor with a fine cane, in presenting which Dr. B. D. La Force said : "Since you have offered your resignation as a member of the Hawkeye Hospital Association and of its surgical staff, by reason of your removal from the city, I am instructed by the remaining members to inform you that they accept the resignation with regret, and wish for you continued success in your new line of work ; and as a token of their appreciation of you both personally and professionally, and as a souvenir of the pleasant relations always existing in our united efforts to make the Hawkeye Hospital a success, I have the pleasure of presenting to you this beautiful cane in their behalf and with their compliments." The cane is a superb one, with a massive gold head, with the inscription : "Dr. C. H. Philpott, Compliments of Staff Hawkeye Hospital."

The Jasper County Medical Society held a meeting and banquet at Newton, January 19th. The following papers were read : Presentation of clinical cases ; "Hysteria," Dr. J. T. Hendershot, Monroe ; "A few Thoughts on Diphtheria and its Treatment," Dr. C. C. Graham, Baxter ; "Preventive Medicine," Dr. B. M. Failor, Newton ; practical demonstration of intubation, Dr. D. W. Smouse, Des Moines ; voluntary papers, etc.

At the banquet in the evening the following program was rendered : Post prandium ; select music, Miss Sadie Cowgill and others ; "Mistakes," Dr. H. E. Hunter ; "Here and There," Rev. Chas. C. Harrah ; "Peace, Selected," Miss Belle Lambert ; "The Nineteenth Century," Dr. J. R. Gorrell ; music ; "The Independent Press," W. Hitchcock, editor Colfax *Tribune ;* "The Coming Woman," Mrs. O. C. Meredith ; "Medical Musings," Dr. L. C. S. Turner ; "Lawyers and Doctors," G. F. Rineheart ; dialect recitations, Swede and Irish, Prof. J. M. Emery. The officers and members of the banquet committee

were: President, E. H. Robb; secretary, C. E. Boyd; Perry Engle, B. M. Failor, H. E. Hunter.

The Sioux Valley Medical Association met in semi-annual session at Cherokee, Iowa, January 20th. The program was as follows: "Remarks on Seven Major Amputations," G. G. Cottam, Rock Rapids; "Otorrhœa," A. E. Gregg, Sioux City; "Gun Shot Injury," C. F. Kueny, Lemars; "Puerperal Eclampsia," J. H. Burlingame, Cherokee; "Predisposing Causes of Trachoma," George Park, Sioux City; "Orthopedic Surgery in General Practice," J. G. Biller, Cherokee; discussion, "Appendicitis," opened by J. A. Sherman, Cherokee; "Anti-Intoxication," R. E. Coniff, Sioux City; "Alkaloidal Therapy," M. W. Richy, LeMars; "Surgical Treatment of Gastric Ulcers," V. B. Knott, Sioux City; "Increased Temperature as a Phenomena of Disease," W. Jepson, Sioux City; "Treatment of Corneal Ulcers," J. C. Dunlavy, Sioux City; paper, A. M. Vail, Rock Rapids; paper, R. L. Cleaves, Cherokee; paper, G. F. Puffit, Cherokee; discussion, "Medical Legislation," opened by E. Hornibrook, Cherokee. Officers: President, S. A. Brown, Sioux Falls, South Dakota; vice-president, J. A. Sherman, Cherokee, Iowa; secretary, J. N. Warren, Sioux City, Iowa; treasurer, G. G. Cottam, Rock Rapids, Iowa.

EXTRACT FROM AN ADDRESS BY GROVER CLEVELAND,

Before the New York Academy of Medicine.

In the meantime those of us who are conservative must be allowed to hope that further investigation will continue to point the way to the prevention of disease. For this investigation, we must still rely upon the efforts of those who have already done so much in that direction, encouraged and stimulated by such effective organizations as the Academy of Medicine. We are sure that this work, having arrested the attention of the world's brotherhood of medical science, will not be neglected; nor need we fear that America's contribution to splendid results will be deficient.

In some instances, however, investigation has performed its part, and only effective action in other quarters is necessary to

supply needed remedies. In such cases, of course, you are absolved from all responsibility in your professional character by exhibiting dangers and warnings against them. Thus, certain diseases which you deem contagious yet remain imperfectly isolated. You have demonstrated the peril to health of unwholesome water and noxious surroundings; and yet much remains to be done by way of protecting our people against these dangers. You have established a code of ethics which condemns charlatanism in all its forms; and yet ignorant pretenders roam over the land offering to perform miracles, or are located in our towns and cities, preying upon the weakness of the sick and afflicted, while men and women are allowed to die without medical attendance, deluded with the hope that faith will save them in their extremity. Within the limits of your professional power and influence, you seek to restrain any approach to crime of malpractice; yet newspapers disgustingly, though covertly, advertise the way to such crimes, and startle their readers with sensational tales of death and misery to which they are directly accountable.

I need not suggest that such evils are allowed to exist by reason of the insufficiency of our laws or a laxity of their execution. I have intimated that for this condition you are not responsible in a professional sense; but are you sure that as citizens you are doing all in your power to remedy the situation?

We cannot but think that the discoveries and improvements in the medical practice which we now enjoy are dearly bought if the members of the profession in their onward march have left behind them their sense of civic obligation and their interest in the general public welfare. We cannot accuse you of utter neglect of your duty to the country; and yet we cannot keep out of mind the suspicion that if your professional work in exposing evils were more thoroughly supplemented by labor in the field of citizenship, these evils would be more speedily corrected.

If laws are needed to abolish abuses which your professional investigations have unearthed, your fraternity should not be strangers to the agencies which make the laws. If enactments already in force are neglected or badly executed, you should not forget that it is your privilege and duty to insist upon their vigorous and honest enforcement. Let me also remind you of the application to your case of the truth embodied in the homely injunction: "If you want a job well done, do it yourself." If members of your profession were oftener found in your national and state legislative assemblies, ready to advocate the reformatory measures you have demonstrated to be necessary, and to defend your brotherhood against flippant and sneering charges of impracticability, the prospect of your bestowal upon your fellow men of the ripened results of your professional labor would be brighter and nearer.

CLINTON COUNTY MEDICAL ASSOCIATION.

The annual meeting of the Clinton County Medical Society was held at the Revere House, January 5th.

The meeting was called to order at 11 A. M. by the president, Dr. J. C. Langan, the following physicians being present: A. Reynolds, C. Jonsson, M. Coveny, J. D. Hullinger, J. C. Langan, D. O'Doherty, D. L. Langan, P. J. Farnsworth, C. Bloodgood, D. S. Fairchild, J. F. H. Sugg, H. S. Farnsworth, Clinton; G. Hofstetter, C. Osborne, E. L. Martindale, Lyons; H. H. Manion, Charlotte.

A motion prevailed that the chair appoint a committee of three to draft resolutions of respect to the memory of Dr. Robb, of DeWitt, and report at the next meeting. The chair appointed Drs. Farnsworth, Hullinger and Manion.

The election of officers resulted as follows: President, C. Jonsson, Clinton; vice-president, C. Bloodgood, Clinton; secretary and treasurer, H. S. Farnsworth, Clinton; librarian, D. O'Doherty, Charlotte; censors, P. J. Farnsworth, D. S. Farchild, Geo. Hofstetter.

It was decided to defer the election of delegates to the state and national meetings until the meeting in April.

Owing to Dr. Martindale not having his paper on diphtheria fully prepared, a general discussion of the subject was entered into by all present, several reporting on cases coming under their charge. The general opinion seemed to prevail that anti-toxine could be used in diphtheria cases with the best results and the majority seemed in favor of its use.

Dr. Fairchild, in speaking in favor of the use of anti-toxine, called attention to the fact that a bill was now before congress for the prevention of cruelty to animals, and should the bill pass it would shut off the supply of this valuable remedy for diphtheria. He recommends that each member use his best efforts towards defeating the bill.

On motion the chair appointed P. J. Farnsworth, D. S. Fairchild and J. C. Langan, a committee of three to consider the advisability of procuring a medical library.

Some very interesting remarks by the newly elected president were then listened to.

A motion prevailed that the meeting adjourn to meet on the first Tuesday in April.

The following subjects were assigned for the next meeting: "Ovarian Neurosis," D. S. Farchild; discussion opened by P. J. Farnsworth; "Chronic Nephritis," Geo. Hofstetter; discussion opened by J. C. Langan; "Colitis," R. E. Everhart; discussion opened by A. Reynolds; "Treatment of Diabetes Mellitus," G. A. Smith; discussson opened by W. H. Cook; "Etiology and Treatment of Cystitis," Chas. Osborn; discussion opened by E. L. Martindale; "Early Diagnosis of Glaucoma," C. Bloodgood; discussion opened by J. D. Hullinger; "Treatment of Salpingitis," J. H. F. Sugg; discussion opened by H. S. Farnsworth.

ANNOUNCEMENT.,

E. B. Treat, publisher, New York, has in press for issuance early in 1897, the International Medical Annual; being the fifteenth yearly issue of that well known one volume reference work. The prospectus shows that the volume will be the result of the labors of upwards of forty physicians and surgeons of international reputation, and will present the world's progress in medical science.

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All Standard Text and Reference Books of recent issue give details and indorsement of **Ferratin.** We refer to the following, for example:

ROBERTS BARTHOLOW: MATERIA MEDICA AND THERAPEUTICS, ninth edition, 1896, p. 153.

WILLIAM MURRELL: MANUAL OF PHARMACOLOGY AND THERAPEUTICS, 1896, p. 243.

JOHN V. SHOEMAKER: MATERIA MEDICA AND THERAPEUTICS, third edition, 1895, p. 435.

HELBING'S MODERN MATERIA MEDICA, fourth edition, 1895, p. 216.

THE YEAR-BOOK OF TREATMENT FOR 1895, (Lea Bros. & Co.,) p 450; quoting *British Medical Journal, Epitome*, June 16, 1894, etc.

THE YEAR-BOOK OF TREATMENT FOR 1896, (Lea Bros. & Co.,) p. 425.

SAJOUS ANNUAL, 1895, pp. A—90 and 91: quoting favorable reports of Schmiedeberg, Banholzer, John Harold, Germain See, Marfori, and Hugo Wiener.

SAJOUS ANNUAL, 1896, pp. A—97 and 98: quoting favorable reports of Marfori, Deutsch, Von Ziemssen, and Max Einhorn.

AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY, (Dr. George M. Gould, editor,) 1896, pp 74 and 1035.

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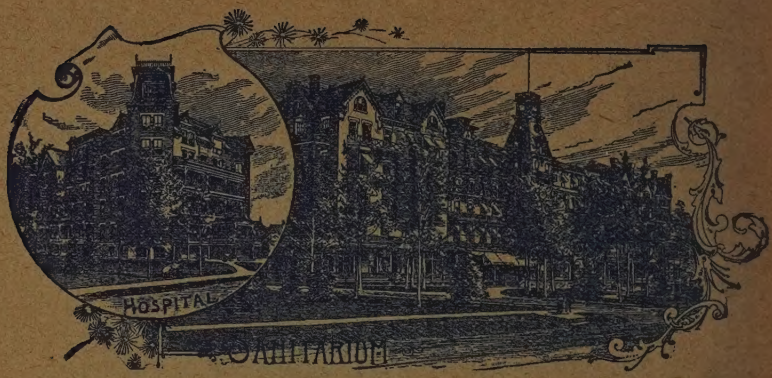

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